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ABSTRACT

Beyond cases reported to authorities, little knowledge exists on the types, amount, and effects of childhood victimization. Through a national survey of adolescents, researchers examined the prevalence of sexual assault, physical assault, physically abusive punishment, and witnessing an act of violence and subsequent effects on mental health, substance use, and delinquent behavior problems. Gender- and racial/ethnic specific findings are translated into national estimates. Results reveal that rates of interpersonal violence and victimization of 12- to 17-year-olds in the United States are extremely high, and witnessing violence is considerably more common. Black and Native American adolescents were victimized more than whites, Hispanics, and Asians in each type of victimization. Much of the violence experienced by youths is perpetrated by peers or someone the victim knows well. Most sexual assaults (86 percent) and physical assaults (65 percent) went unreported. A clear relationship exists between youth victimization and mental health problems and delinquent behavior. For example--negative outcomes in victims of sexual assault were three to five times the rates observed in nonvictims, and girls who witnessed violence were nearly twice as likely as boys to experience posttraumatic stress disorder. (GCP)

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Research in Practice

Youth Victimization: Prevalence and Implications

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Youth Victimization: Prevalence and Implications

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ABOUT THIS REPORT

Beyond cases reported to authorities, little knowledge exists on the types, amount, and effects of childhood victimization. Through a national survey of adolescents, researchers examined the prevalence of sexual assault, physical assault, physically abusive punishment, and witnessing an act of violence and subsequent effects on mental health, substance use, and delinquent behavior problems. Gender- and racial/ethnic-specific findings are translated into national estimates.

What did the researchers find?

Rates of interpersonal violence and victimization of 12- to 17-year-olds in the United States are extremely high, and witnessing violence is considerably more common.

Black and Native American adolescents were victimized more than whites, Hispanics, and Asians in each type of victimization. Much of the violence experienced by youths is perpetrated by peers or someone the victim knows well. Most sexual assaults (86 percent) and physical assaults (65 percent) went unreported.

A clear relationship exists between youth victimization and mental health problems and delinquent behavior. For example—

- Negative outcomes in victims of sexual assault were three to five times the rates observed in nonvictims.
- Girls who witnessed violence were nearly twice as likely as boys to experience posttraumatic stress disorder.

What were the study's limitations?

The nationally representative sample did not include adolescents from homes without telephones and certain high-risk adolescents (i.e., those who were homeless or housed in jails, juvenile correctional facilities, or inpatient mental health treatment facilities).

Who should read this study?

Criminal justice practitioners, policymakers, and researchers.

Dean G. Kilpatrick, Benjamin E. Saunders, and Daniel W. Smith

Youth Victimization
Prevalence and Implications

About the Authors

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Rates of interpersonal violence and victimization of youths are extremely high in the United States. As of 1995, approximately 1.8 million adolescents ages 12 to 17 had been sexually assaulted and 3.9 million had been severely physically assaulted. Another 2.1 million had been punished by physical abuse. Most pervasive is victimization by witnessing violence, with approximately 8.8 million youths indicating that they had seen someone else being shot, stabbed, sexually assaulted, physically assaulted, or threatened with a weapon.

The emotional consequences that youths experience because of victimization, such as psychological disorders, substance abuse and dependence, and delinquency problems, are often overlooked in research. More openly, however, media accounts of children seriously harmed or even killed in violent episodes have brought such issues to the height of the Nation's consciousness.

Findings from the National Survey of Adolescents (NSA) validate these concerns.[1] In 1995, the NSA interviewed 4,023 adolescents ages 12 to 17 to obtain information on substance use, abuse, and dependence; delinquent behaviors as dictated by the type and amount of Crime Index offenses—as determined by the FBI's Uniform Crime Reports—committed during the previous year; demographic information; family history of substance abuse; posttraumatic stress disorder (PTSD); and victimization history. This information was then broken down by age, gender, and racial/ethnic group to allow comparisons across groups (see "NSA Methodology" and "Study Terminology"). Clearly, victimization in early childhood and adolescent years is the root of many problems later in life. Much of the knowledge gained from the NSA raises crucial issues that cross the lines of research, policy, and practice.

NSA Methodology

Many studies have examined the relationships between childhood victimization and various mental health problems. Others have evaluated relationships between substance use and delinquency, and still others have tested possible relationships between childhood victimization and delinquency. Nearly all of these studies, however, have been conducted with samples recruited from clinical settings, juvenile or psychiatric institutions, agency records (e.g., child protective service records), and/or geographically limited areas. These recruitment methods significantly restrict the ability to generalize results obtained from previous studies.

The NSA was the first study to examine simultaneously all of the relationships between victimization experiences and various mental health problems, substance use and delinquency, and childhood victimization and delinquency. The NSA also proposed a theoretically and empirically derived explanatory model connecting these variables and tested the model with a nationally representative sample.[a]

Between January and June 1995, NSA researchers used random-digit dialing and stratified sampling techniques to identify households that met participant eligibility requirements for the study:

- The household had to be able to be reached by telephone.
- An adolescent between the ages of 12 and 17 had to live in the household with a parent or legal guardian.
- Both the parent or guardian and the adolescent had to speak English and/or Spanish.

Interviews gathered several types of information about substance use, abuse, and dependence. Adolescents were asked a series of questions to determine whether they met diagnostic criteria for substance abuse or dependence.[b] Questions explored such topics as nonexperimental alcohol use, the use of prescription drugs in a way not prescribed by a physician, use of marijuana or hard drugs, and frequency of drug use during the year prior to the NSA interview.

Delinquent behaviors were measured using a slightly modified version of a scale first used by Delbert Elliott and colleagues in the National Youth Survey.[c] Adolescents were classified as a delinquent if they had committed at least one Crime Index offense as defined by the FBI's Uniform Crime Reports during the year prior to the NSA interview.

Once identified, 4,023 adolescents were interviewed by trained employees of the survey research firm Schulman, Ronca, and Bucuvalas, Inc. Computer-assisted protocols ensured that every respondent was asked all pertinent questions. The data collected included demographic information, family history of substance abuse, delinquent behaviors, substance abuse and dependence, posttraumatic stress disorder, and victimization history.[d]

Notes

a. For more detailed information regarding survey methodology, see Kilpatrick, D.G., and B.E. Saunders, *Prevalence and Consequences of Child Victimization: Results From the National Survey of Adolescents, Final Report*, Washington, DC: U.S. Department of Justice, National Institute of Justice, 1997, NCJ 181028.

b. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, Washington, DC: American Psychiatric Press, 1994: 175–183.

c. Elliott, D., D. Huizinga, and S.S. Ageton, *Explaining Delinquency and Drug Abuse*, Thousand Oaks, CA: Sage Publications, 1985.

d. For more detailed demographic information, see Kilpatrick and Saunders, 1997 (note a).

Study Terminology

The following is a list of terms and definitions as they pertain to this study.

Delinquent behavior: committing one or more of the following Crime Index offenses—aggravated assault; sexual assault; gang fights; motor vehicle theft; theft of something more than $50 in value; breaking into a building or vehicle; or strong-arming students, teachers, and others.

Hard drug: a drug other than alcohol and marijuana, such as heroin, crack, cocaine, ecstasy, and so forth.

Lifetime prevalence: the percentage of adolescents and youths who have been victimized at any time in their life.

Nonexperimental alcohol use: the consumption of five or more drinks on a given day during the previous year.

Nonexperimental drug use: the use of any illicit, hard drug four or more times during the previous year.

Physical assault: being attacked with a weapon, being attacked without a weapon but with intent to kill or injure, being threatened with a gun or knife, or being beaten with an object or fists and seriously injured.

Physically abusive punishment: a spanking that results in a youth's need to see a doctor; a spanking that results in noticeable marks, bruises, cuts, or welts; or punishment that includes burning, cutting, or tying up a youth.

Posttraumatic stress disorder (PTSD): a mental disorder diagnosed from a set of symptoms following exposure to an extreme life stressor and characterized by intense fear, helplessness, horror, or, among children, disorganized or agitated behavior.

Sexual assault: a range of acts, including the sexual penetration of a youth's vagina or anus by a penis, finger, or object; the placement of another person's mouth on a youth's sexual parts; the touching of a youth's sexual parts by another person or the forcing of a youth to touch others' sexual parts; or the unwanted penetration of others by a youth (asked only of male adolescents).

Stranger: someone the victim had never seen before or had seen before but did not know well.

Substance abuse: a maladaptive pattern of substance use that results in significant impairment or distress, as indicated by one or more of the following problems: recurrent substance-related legal problems, such as arrests; recurrent substance use in situations where it is physically dangerous, such as while driving a car or crossing the street in heavy traffic; substance use resulting in a failure to fulfill major role obligations at school, work, or home; and continued substance use despite having major social or relationship problems because of use.

Substance dependence: a cluster of symptoms indicating a pattern of substance use that results in tolerance, withdrawal, and compulsive substance-taking behavior.

Witnessed act of violence: any one of a variety of violent incidents, including seeing someone shot with a gun, stabbed or cut, sexually assaulted, mugged or robbed, or threatened with a weapon.

Types and prevalence of violence

Lifetime prevalence of four types of violence was examined: sexual assault, physical assault, physically abusive punishment, and witnessing an act of violence. Exhibit 1 presents the number, percentage, and population estimates of adolescents who experienced each type of violence and the racial/ethnic characteristics of the victims of each form of violence. Particularly salient among these findings is the higher prevalence of all types of victimization among black and Native American adolescents. Notably, more than half of black, Hispanic, and Native American adolescents had witnessed violence in their lifetimes. Also, Native American adolescents had the largest prevalence rate for sexual assault victimizations; whites and Asians reported the lowest. With respect to physical assault, Native Americans, blacks, and Hispanics reported the highest victimization prevalences—20 to 25 percent of each group reported experiencing at least one physical assault.

Exhibit 1. Prevalence of violence types in the NSA sample and estimates for U.S. adolescents ages 12 to 17 and across racial/ethnic groups

	Sexual assault	Physical assault	Physically abusive punishment	Witnessed violence
Number of adolescents in sample (N = 4,023)	326	701	376	1,586
Percent of total sample	8.1	17.4	9.4	39.4
Estimated number of victims in U.S. adolescent population (in millions)*	1.8	3.9	2.1	8.8
White (%)	6.7	15.6	7.9	34.3
Black (%)	13.1	24.2	15.4	57.2
Hispanic (%)	10.0	20.9	8.4	50.5
Native American (%)	15.7	27.3	15.1	55.7
Asian (%)	6.5	6.5	6.5	26.1

Note: Percentages do not equal 100 because not all respondents experienced or witnessed a type of violence.

*Population estimates are based on 1995 U.S. Census data indicating there are 22.3 million adolescents in the U.S. population.

Source: National Survey of Adolescents, 1995

Exposure to violence differed according to gender. Girls were at greater risk of sexual assault than boys (13.0 percent versus 3.4 percent).[2] Boys, however, were at significantly greater risk of physical assault than girls (21.3 percent versus 13.4 percent). A substantial number of all adolescents (43.6 percent of boys and 35 percent of girls) reported having witnessed violence. Physically abusive punishment was similar for boys (8.5 percent) and girls (10.2 percent).

Characteristics of sexual and physical assaults

For adolescents who reported experiencing sexual or physical assaults, additional information about the characteristics of the assault were assessed, including the identity of the perpetrator, the location of the assault, whether the youth experienced a physical injury during the assault, whether the youth perceived that his or her life was in danger, and whether the assault was ever reported to authorities. (Similar characteristics about physically abusive punishment and witnessed violence events were not gathered.)

Sexual assault. The 326 adolescent sexual assault victims experienced 462 separate cases of sexual assault. In these cases, nearly three in four (74 percent) reported that the assault was committed by someone they knew well. Almost one-third of sexual assault cases (32.5 percent) involved perpetrators who were friends, and more than one-fifth (23.2 percent) were strangers. Another one-fifth (21.1 percent) were committed by a member of the youth's family, including fathers or stepfathers, brothers or stepbrothers, sisters or stepsisters, grandparents, other adult relatives, and other child relatives. In terms of location, more than half of all sexual assaults occurred either within the victim's home (30.5 percent) or in the victim's neighborhood (23.8 percent). Another 15.4 percent of sexual assaults occurred at the victim's school.

Another important characteristic is the extent of actual and potential violence involved. Slightly more than one in four sexual assault victims (28.1 percent) said they feared death or serious injury during their sexual assault. However, the majority (69.5 percent) said they had no such fears. With respect to

physical injuries, only 1.3 percent of sexual assault cases resulted in serious injuries outside the sexual assault itself, and 11 percent resulted in minor injuries.

Thirteen percent of sexual assault cases were reported to police, 5.8 percent to child protective services, 5 percent to school authorities, and 1.3 percent to other authorities. The majority of sexual assaults (86 percent), however, went unreported. (These percentages total more than 100 percent because some cases were reported to more than one type of authority.) In 4 percent of the cases, victims either were not sure whether cases had been reported or refused to answer the question.

Physical assault. The 701 adolescent physical assault victims experienced 1,054 separate cases of physical assault. In these cases, 6 in 10 (62 percent) reported that the assault was committed by someone they knew well. Slightly more than one-third (36.4 percent) reported that the perpetrator was a stranger. Of perpetrators known by the victim, friends (20.5 percent) were the most commonly reported perpetrator. Other less commonly reported perpetrators included immediate family members, adult or child relatives, neighbors, or coworkers. In terms of location, physical assaults were most likely to occur somewhere within the victim's neighborhood (34.2 percent) or home (27.9 percent). Another 20.2 percent occurred at the victim's school.

With respect to the extent of actual and potential violence involved, physical assaults were reported to involve more perceived life threats and injuries than were sexual assaults. In more than half (52.4 percent) of physical assaults, victims said they feared being seriously injured or killed. Although the largest group of physical assault victims reported that they had not sustained any physical injuries (47.5 percent), close to half (45 percent) reported minor injuries. Only a small percentage (4.5 percent) reported serious injuries.

Similar to sexual assaults, physical assaults were generally unlikely to be reported to authorities. Of all physical assaults, 65 percent were never reported. Of the cases that were reported, most were reported to police (16.9 percent) or school authorities (16.3 percent). The remaining cases included reports to other authorities (3.8 percent)

or child protection agencies (2.8 percent). Adolescents in 2.8 percent of cases either were not sure if reports had been made or refused to answer the question.

Mental health problems and delinquent behavior

The NSA examined the rates with which adolescents reported mental health problems, such as PTSD, substance abuse or dependence, and delinquent behavior. Exhibit 2 presents the percentage of all respondents who reported each of these types of problems, as well as the percentages across age, gender, and racial/ethnic group.

PTSD. In the overall sample, the lifetime prevalence of PTSD was 8.1 percent, indicating that, as of 1995, approximately 1.8 million adolescents had met the

Exhibit 2. Percentage of self-reported adolescent lifetime mental health and delinquent behavior problems in total sample and by age, gender, and racial/ethnic group

Group	Posttraumatic stress disorder	Alcohol abuse/ dependence	Marijuana abuse/ dependence	Hard drug abuse/ dependence	Delinquent behavior
Gender					
Male	6.2	6.3	4.7	1.2	17.7
Female	10.1	4.9	4.2	1.1	6.7
Age					
12	3.4	0.3	0.1	0.0	6.4
13	6.9	1.5	1.0	0.4	8.9
14	6.8	2.7	2.4	0.1	9.5
15	8.2	4.5	6.6	1.3	14.8
16	10.1	11.3	8.7	2.8	17.1
17	13.1	14.2	8.3	2.2	17.8
Race/ethnicity					
White	7.3	6.0	4.7	1.1	9.9
Black	11.0	4.4	2.4	0.2	18.8
Hispanic	11.6	6.4	6.1	1.6	16.8
Native American	7.1	5.7	7.9	2.9	25.9
Asian	6.5	2.2	2.1	0.0	8.5
Total sample	**8.1**	**5.6**	**4.5**	**1.2**	**12.3**

Source: National Survey of Adolescents, 1995

criteria for PTSD at some point during their lifetime. Girls were significantly more likely than boys to have lifetime PTSD (10.1 percent versus 6.2 percent). The prevalence of PTSD rises significantly with increasing age, as older youths have more time for exposure to potentially traumatic events. It is noteworthy that the rate of lifetime PTSD among 17-year-olds was 13.1 percent. This means that more than one in eight 17-year-olds has had PTSD at some point in his or her lifetime.

With respect to race and ethnicity, whites, Native Americans, and Asians had significantly lower rates of PTSD than did black and Hispanic adolescents, a finding somewhat surprising among Native Americans because of their high level of exposure to violence. This finding suggests that responses to victimization may be different among racial/ethnic groups.

Substance abuse or dependence. Overall, 9.1 percent of American adolescents reported meeting diagnostic criteria for lifetime substance abuse or dependence for alcohol or any drug.[3] This means that as of 1995, approximately 2 million adolescents had met diagnostic criteria for substance abuse or dependence at some point in their lives. More specifically, the NSA found that the lifetime prevalence of alcohol abuse or dependence among adolescents was 5.6 percent, the lifetime prevalence of marijuana abuse or dependence was 4.5 percent, and the lifetime prevalence of hard drug abuse or dependence was 1.2 percent.

Boys were significantly more likely than girls to have met diagnostic criteria for lifetime abuse of or dependence on alcohol, but not marijuana or hard drugs. Each type of abuse or dependence was significantly related to age:

The NSA in Scholarly Journals

Acierno, R., D.G. Kilpatrick, H.S. Resnick, B.E. Saunders, M. de Arellano, and C.L. Best. "Assault, PTSD, Family Substance Use, and Depression as Risk Factors for Cigarette Use in Youth: Findings From the National Survey of Adolescents." *Journal of Traumatic Stress* 13 (2000): 381–396.

Crouch, J.L., R.F. Hanson, B.E. Saunders, D.G. Kilpatrick, and H.S. Resnick. "Income, Race/Ethnicity, and Exposure to Violence in Youth: Results From the National Survey of Adolescents." *Journal of Community Psychology* 28 (2000): 625–641.

Kilpatrick, D.G., R.E. Acierno, H.S. Resnick, B.E. Saunders, C.L. Best, and P.P. Schnurr. "Risk Factors for Adolescent Substance Abuse and Dependence: Data From a National Sample." *Journal of Consulting and Clinical Psychology* 68 (2000): 19–30.

- Rates of alcohol abuse or dependence essentially doubled each year between ages 12 and 16.
- Rates of marijuana abuse or dependence more than doubled each year between ages 12 and 15.
- Rates of hard drug abuse or dependence increased dramatically from age 14 to 16.

These findings reflect the extent to which the risk of alcohol and drug problems increases dramatically throughout adolescence. Rates of problem substance use were very similar across racial and ethnic groups. The only significant difference was that black and Asian adolescents were significantly less likely to report lifetime marijuana abuse or dependence than were white, Hispanic, and Native American youths.

Delinquent behavior. Slightly more than 12 percent of adolescents acknowledged committing at least one Index offense at some point in their lifetime. This percentage translates to an estimated 2.7 million adolescents in the United States who have engaged in serious delinquent behavior. Boys were approximately three times more likely to have ever committed an Index offense than girls (17.7 percent and 6.7 percent, respectively). In regards to race and ethnicity, white and Asian adolescents reported significantly lower rates of Index offenses than did black, Native American, or Hispanic adolescents.

Victimization and mental health problems/delinquency

NSA results indicate clear relationships between the experience of youth victimization and mental health problems (i.e., PTSD and substance abuse or dependence) and delinquent behavior.

Relationships with sexual assault. Among boys who had experienced sexual assault, 28.2 percent had PTSD at some point in their lives. The rate of lifetime PTSD among boys who had not been sexually assaulted was 5.4 percent. Similarly, sexually assaulted girls had a lifetime PTSD rate of 29.8 percent, compared with only 7.1 percent of girls with no sexual assault history. Therefore, a history of sexual assault was associated with a four- to fivefold increase in the prevalence rate of PTSD.

More than one-third (34.4 percent) of boys who had been sexually assaulted demonstrated substance abuse or dependence at some point during their lifetimes. The rate of lifetime substance abuse or dependence in nonsexually assaulted boys was 9 percent. A similar pattern was noted for girls: 27.5 percent of those sexually assaulted reported lifetime substance abuse or dependence, and only 5.4 percent of those nonsexually assaulted reported such problems.

Almost half (47.2 percent) of the sexually assaulted boys reported engaging in delinquent acts, compared with only 16.6 percent of those not sexually assaulted. Sexually assaulted girls reported engaging in delinquent acts less often (19.7 percent). This rate, however, was approximately five times higher than the delinquency rate of girls who had not been sexually assaulted (4.8 percent). Overall, victimization by sexual assault is clearly associated with dramatic increases in the rates of each negative outcome among both boys and girls. The increases were quite large, ranging from three to five times the rates observed in nonvictims.

Relationships with physical assault or physically abusive punishment. Experiencing either a physical assault or physically abusive punishment was associated with a lifetime PTSD rate of 15.2 percent for boys. The rate of lifetime PTSD in boys who had not been physically assaulted or abusively punished was 3.1 percent. Among girls who reported experiencing physical assault or physically abusive punishment, the rate of lifetime PTSD was 27.4 percent, compared with 6 percent among those with no history of physical assault or physically abusive punishment.

Similar overall patterns were noted with respect to substance use. Approximately 25 percent of physically assaulted or abused adolescents reported lifetime substance abuse or dependence. Rates of substance problems among nonphysically assaulted or abused adolescents were roughly one-fifth (approximately 6 percent) of those reported by assault or abuse victims. Differences, however, existed across genders. Substance abuse and dependence rates for each type of victimization were similar among boys (approximately 24 percent in both physical abuse and physical assault groups)

but not among girls. Fewer physically abused girls reported problems with substance abuse or dependence than those physically assaulted (17.3 percent versus 26.4 percent). Of note, the rate of substance use problems among nonphysically abused girls is substantially lower (7.2 percent).

The relationship between a history of physical assault/abusive punishment and delinquency was particularly strong. The percentage of boys who were physically assaulted and had ever committed an Index offense was 46.7 percent, compared with 9.8 percent of boys who were not assaulted. Similarly, 29.4 percent of physically assaulted girls reported having engaged in serious delinquent acts at some point in their lives, compared with 3.2 percent of nonassaulted girls. The results for physically abusive punishment resembled those for physical assault, in that 44.6 percent of abused boys had engaged in delinquent acts, compared with 15.1 percent of nonabused boys. Of abused girls, 20 percent had ever participated in delinquent activities, compared with 5.2 percent of nonabused girls.

Relationships with witnessed violence. Although witnessing violence was considerably more common than personal victimizations in the NSA sample, rates of PTSD associated with this form of violence exposure were notably lower. Among boys who had witnessed violence, 11.2 percent had met diagnostic criteria for PTSD at some time in their lives. Boys who reported never witnessing violence had a lifetime PTSD rate of 2.3 percent. The rate of PTSD among girls who had witnessed violence (20.2 percent) was nearly double that of boys. Only 4.2 percent of girls who reported no history of witnessed violence had ever had PTSD.

The rate of PTSD among girls who had witnessed violence was nearly double that of boys.

Among boys who witnessed violence, 17 percent reported lifetime substance abuse or dependence. Only 4.4 percent of boys who did not witness violence reported lifetime substance abuse or dependence. Among girls who did or did not witness violence, the lifetime substance abuse or dependence rates were nearly identical to those of boys (17.8 percent and 3.1 percent, respectively).

Approximately one-third (32 percent) of boys who witnessed violence reported

ever engaging in delinquent acts, compared with only 6.5 percent of boys who did not witness violence. Approximately 17 percent of girls who witnessed violence reported lifetime delinquent behavior, compared with 1.4 percent of girls who did not witness violence.

Implications

Future research. Longitudinal research is needed to clarify the temporal sequence of victimization; PTSD; substance use, abuse, or dependence; and delinquent behavior among adolescents. This is particularly important given that the prevalence of violent assault, witnessing violence, alcohol and drug use, and delinquent behavior increases dramatically between the ages of 12 and 17. Such research should examine the temporal sequence of problem development as well as risk and protective factors that are related to victimization, alcohol and drug use, PTSD, and delinquent behavior.

The NSA research demonstrates the feasibility of obtaining detailed information from adolescents about their victimization experiences, exposure to violence, and related mental health and behavioral problems. Given the strong associations between victimization and negative outcomes, research about adolescent alcohol and drug use and delinquency should screen for history of violent assault and witnessing violence.

The NSA findings indicate that the bulk of violent assaults are perpetrated by someone the victim knows well rather than by a stranger. Further research is needed about the circumstances and behavioral sequences that precede and follow such assaults. Such data might prove useful in the design of violence prevention programs.

The roles of specific types of victimization and particular characteristics of victimizations should be evaluated in the development of substance use problems and delinquency, especially with gender and racial/ethnic subgroups. Results suggest that some types of victimization are more important for predicting problems in certain subgroups. Further refinement and testing of these hypotheses are needed.

Research also is needed to better understand the factors

that contribute to the dramatic underreporting of crimes against children and adolescents. Although some research exists in this area, most reasons offered for underreporting are simply conjecture. Intervention cannot occur without case identification.

Policy and practice. The NSA research demonstrates the feasibility of gathering meaningful data directly from adolescents and families regarding these difficult topics. Unfortunately, trends cannot be detected without ongoing data collection. Future crime victimization surveys might consider using methods such as telephone surveys, interviews with individual adolescents, and more sensitive screening questions. Such methodological changes may provide a more detailed picture of adolescent victimization trends over time.

The NSA results strongly suggest that victimization and its mental health correlates play a role in the development of substance use and delinquency behavior among adolescents. Policies that promote the prevention of child and adolescent victimization also would promote the prevention of youth substance use and delinquency. Although all child and adolescent victimizations cannot be prevented, at least some of the long-term negative effects leading to substance use and delinquency may be mitigated if more victimizations are recognized earlier and effective intervention is provided.

Mental health programs designed to reduce common psychological problems associated with child and adolescent victimization are common, but few include specific interventions delaying the onset of substance use and reducing substance abuse or delinquency. The NSA findings may be beneficial to mental health practitioners as they screen for victimization and consider the types of prevention components of their victimization treatment protocols.

The findings also suggest that proactive, creative community programs are needed to encourage children and others to report crimes to law enforcement. The consistent underreporting of violence against children and adolescents points to a need for collaborative efforts among law enforcement, criminal and juvenile justice professionals, victim service

providers, the news media, educators, and allied professionals that focus on encouraging victimized youths to report crimes and provide them with appropriate and safe venues in which to do so.

Notes

1. This Research in Brief is a consolidated version of the full report, *Prevalence and Consequences of Child Victimization: Results From the National Survey of Adolescents, Final Report* (NCJ 181028). Copies of the full report and an executive summary of the full report (*Child and Adolescent Victimization in America: Prevalence and Implications*, NCJ 186167) can be obtained from NCJRS (800–851–3420 or 301–519–5500). Electronic versions of this Research in Brief can be accessed online at *http://www.ojp.usdoj.gov/nij* or *http://www.ncjrs.org*.

2. In this report, female adolescents are referred to as "girls" and male adolescents are referred to as "boys."

3. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, Washington, DC: American Psychiatric Press, 1994.

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